



REGISTRATION NUMBER

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10/09821,044  
FINGERPRINT SCANNER  
AUTO-CAPTURE SYSTEM  
AND METHOD

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February 22, 2005

WRITER'S DIRECT NUMBER:  
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Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Art Unit 2625

Re: U.S. Utility Patent Application  
Appl. No. 09/821,044; Filed: March 30, 2001  
For: **Fingerprint Scanner Auto-Capture System and Method**  
Inventor: David C. SMITH  
Our Ref: 1823.0330001

Sir:

Transmitted herewith for appropriate action are the following documents:

1. PTO Fee Transmittal Form (PTO/SB/17);
2. RCE Transmittal Form (PTO/SB/30);
3. Amendment and Reply Under 37 C.F.R. § 1.116;
4. One (1) return postcard;
5. Credit Card Payment Form (PTO-2038) in the amount of \$940.00 to cover:  
\$790.00 RCE Fee (37 C.F.R. § 1.117(e)); and  
\$150.00 Additional claims Fee.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

Commissioner for Patents  
February 22, 2005  
Page 2

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Jeffrey S. Weaver  
Attorney for Applicant  
Registration No. 45,608

MVM/JSW:apg  
Enclosures

367108\_1.DOC



Equivalent to Form  
PTO:SB/17 (12-03)

Approved for use through 07/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/03/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
**940.00**

### Complete If Known

Application Number	09/821,044
Filing Date	March 30, 2001
First Named Inventor	David C. SMITH
Examiner Name	Chawan, Sheela C.
Art Unit	2625
Attorney Docket No.	1823.0330001

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **19-0036** Deposit Account Name: **Sterne, Kessler, Goldstein & Fox P.L.L.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>
50

<u>Fee (\$)</u>	<u>Fee (\$)</u>
25	

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

<u>Fee (\$)</u>	<u>Fee (\$)</u>
200	100

Multiple dependent claims

<u>Fee (\$)</u>	<u>Fee (\$)</u>
360	180

##### Total Claims

$$49 - 20 \text{ or HP } 46 = 3 \times 50.00 = 150.00$$

HP = highest number of total claims paid for, if greater than 20

##### Multiple Dependent Claims

$$\text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$8 - 3 \text{ or HP } 8 = 0 \times 200.00 = 0.00$$

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

$$\text{Total Sheets} \quad \text{Extra Sheets} \quad \text{Number of each additional 50 or fraction thereof} \quad \text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$- 100 = \quad / 50 = \quad (\text{round up to a whole number}) \times \quad = \quad$$

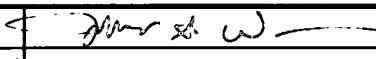
#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination

**790.00**

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	45,608	Telephone	(202) 371-2600
Name (Print/Type)	Jeffrey S. Weaver			Date	February 22, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.